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	Appro	ved F	or Release 20 REPORTS IN	1 <b>06/09/</b> VENTOR	25 : CIA-RI	DP75-003	399R0	001	000120011	20-D	maticular articular			
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I. TITLE OF REPORT (if a fill-in report include Form No.)										X	STATIS	TICAL		
Domond 9	. Teens		•			•	2. TYPE OF		NARRAT					
Demain 6		7	ivity Regist	ver .					REPORT		MACHIN	E-NAME	LISTING	
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7. FORMAT (mem computer pr	orandum,	form	8. ADP PROCESS I						DIRECTIVE AUTHORITY REQUIRING REPORT					
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			ude lowest leve		II. FEEDER F	REPORTS (S	tate t	otal	number an	d ide	ntify i	by Titl	e.	
contributio	g inform	ation	to report)		Form No.	, or nome	nclatu	re.	Attach se	parat	e sheet	t if ne	cessary.)	
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